

STATE OF SOUTH CAROLINA

This (Caption of Case)
 The Sample: Application for a Class C Charter Certificate from
 ins John Doe dba Doe's Limo
 pr

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MAY 13 2019

PSC SC
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Dr

284607

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2019 - 162 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mom's Magic Minibus LLC

Telephone: 843-893-2503

Address: 150 Champion Lane
Walkerboro SC 29488

Fax:

Other:

Email: momsmagicminibus@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: <u>DD</u> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 4/23/19

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Mom's Magic Minibus, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
150 Champion Lane
Street Address of Applicant
Walterboro, SC 29488
Mailing Address of Applicant (if different from street address)
843-893-2503
Phone Fax
momsmagicminibus@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	10,000.00	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	3,000.00	Loans Owed on Motor Vehicles	0
Cash on Hand	5,000.00	Business/Other Loans Owed	2,000.00
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		Total Liabilities	2,000.00
Total Assets	18,000.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PRICING

Proposed Rate

WEEKLY	ONE WAY	ROUNDTrip
0-2.0 Miles	\$40	\$55
2.1-4.0 Miles	\$50	\$65
4.1-6.0 Miles	\$60	\$75
6.1-8.0	\$70	\$85
8.0-10.0	\$80	\$95
10.1-Over Miles	\$90+	\$105

Per Day

0-2.0 Miles	\$8
2.1-4.0 Miles	\$10
4.1-6.0 Miles	\$12
6.1-8.0	\$14
8.0-10.0	\$16
10.1-Over Miles	\$18

\$10 Extra for the second child

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Mom's Magic Minibus LLC

Name of Applicant

150 Champion Lane, Walterboro, SC 29488

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Name of Insurance Company

Home Office Address of Company

See Attached

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Mijah Blakeney
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Coulton)

SWORN TO BEFORE ME

This 23rd day of April, 20 19

[Signature]
Notary Public

Commission Expires 3-21-27



Print Application

Filing ID: 180327-1358198

Filing Date: 03/27/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Mom's Magic Minibus LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
150 Champion Lane

(Street Address)

Walterboro, South Carolina 29488

(City, State, Zip Code)

3. The initial agent for service of process is

Myiah Blakeney

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
150 Champion Lane

(Street Address)

Walterboro

(City)

South Carolina 29488

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Myiah Blakeney

(Name)

150 Champion Lane

(Street Address)

Walterboro, South Carolina 29488

(City, State, Zip Code)

Mom's Magic Minibus LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Myiah L. Blakeney

Signature of Organizer

Date: 03/27/2018

Signature of Organizer

Date:

C T LOWNDES & CO
330 LUCAS ST
WALTERBORO, SC 29488

PROGRESSIVE
COMMERCIAL

MOM'S MAGIC MINIBUS, LLC
150 CHAMPION LANE
WALTERBORO, SC 29488

Underwritten by:
Progressive Northern Insurance Co
May 13, 2019
Policy Period: May 13, 2019 - May 13, 2020
Page 1 of 3

Customer Phone number: 1-843-549-2503

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Services
Sub business type: Day Care (Child & Adult Services)

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$1,436.00
Paid in full discount	-179.00
Policy premium if paid in full	\$1,257.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$1,436.00	\$145.40	9 payments of \$146.40
11 Payments, 12.5% Down	\$1,436.00	\$181.25	10 payments of \$128.48
11 Payments, 16.67% Down	\$1,436.00	\$241.05	10 payments of \$122.50
10 Payments, 20.0% Down	\$1,436.00	\$288.80	9 payments of \$130.47
6 Pay, Seasonal, 20.0% Down	\$1,436.00	\$288.80	5 payments of \$232.44
10 Payments, 25.0% Down	\$1,436.00	\$360.50	9 payments of \$122.50
4 Pay, Seasonal, 25.0% Down	\$1,436.00	\$360.50	3 payments of \$361.50

Make payments by mail or at progressiveagent.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$1,436.00	\$145.40	9 payments of \$149.40
11 Payments, 12.5% Down	\$1,436.00	\$181.25	10 payments of \$131.48
11 Payments, 16.67% Down	\$1,436.00	\$241.05	10 payments of \$125.50
10 Payments, 20.0% Down	\$1,436.00	\$288.80	9 payments of \$133.47
6 Pay, Seasonal, 20.0% Down	\$1,436.00	\$288.80	5 payments of \$235.44
10 Payments, 25.0% Down	\$1,436.00	\$360.50	9 payments of \$125.50
4 Pay, Seasonal, 25.0% Down	\$1,436.00	\$360.50	3 payments of \$364.50
4 Pay, Quarterly, 25.0% Down	\$1,436.00	\$360.50	3 payments of \$364.50

1 Payment	\$1,257.00	\$1,257.00	None
2 Payments, 50.0% Down	\$1,436.00	\$719.00	1 payment of \$723.00

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-549-6179**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
MYIAH BLAKENEY	40	Married	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$613
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			113
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			130
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		12
Comprehensive			196
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			317
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			53
See Auto Coverage Schedule			
Subtotal policy premium			\$1,434
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$1,436

Auto coverage schedule

1. **2018 NISSAN NV3500** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: Garaging Zip Code: 29488 Territory: 2 Radius: 100 miles
Personal use: Y Body type: Passenger Van Use class: L

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Med Pay	
	\$613	\$105	\$126	\$8	\$4	\$12	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium			
	\$500	\$196	\$500	\$317			
Other Coverages Premium	Rental Limit	Rental Premium					Auto Total
	\$50 per day Max \$1500	\$53					\$1,434

Premium discount

Policy

Business Experience

Form QTE (05/08)

Easterling, Deborah

From: Mom's Magic Minibus LLC. <momsmagicminibus@gmail.com>
Sent: Monday, May 13, 2019 8:43 PM
To: Schmieding, Janice; PSC_Contact
Subject: [External] Ins. quote for Moms Magic Minibus LLC
Attachments: CreatePdf.aspx.pdf

Sent from Myiah's iPhone